

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM O-875)**

APPLICANT(S) _____ FILING DATE _____

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL IND. | 6 | | | | | |
| TOTAL DEP. | 18 | | | | | |
| TOTAL CLAIMS | 23 | | | | | |

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL IND. | | | | | | |
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| TOTAL CLAIMS | | | | | | |

BEST AVAILABLE COPY